



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER SUPPLY

MONTHLY OPERATION REPORT  
NON-COMMUNITY WATER SYSTEMS

PWSID Number \_\_\_\_\_

Water System Name \_\_\_\_\_  
and Address \_\_\_\_\_

County \_\_\_\_\_

Month of \_\_\_\_\_ 20\_\_\_\_

Instructions on reverse side of this form.

DATE	CHLORINE RESIDUAL	TURBIDITY RESULTS (Once Monthly)	NUMBER OF BACTERIOLOGICAL SAMPLES TAKEN	POUNDS OR GALLONS OF CHLORINE USED	NUMBER OF FILTERS CHANGED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Lowest Residual					

I certify that the above information accurately corresponds to the operation of this facility for the reporting period specified herein.

Certified Operator \_\_\_\_\_  
(Printed Name)

Signature \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Turbidity Analysis

Turbidity Laboratory \_\_\_\_\_

Laboratory ID \_\_\_\_\_

Analyst Name \_\_\_\_\_

**Submit form to:** Division of Water Supply at the nearest Environmental Assistance Center.  
For assistance or questions call 1-888-891-8332

## **INSTRUCTIONS**

<b>PWSID Number:</b>	Enter the Public Water System identification number assigned to the system.
<b>County:</b>	Enter the county name in which the system is located.
<b>Month:</b>	Enter the month for which the data is being reported.
<b>Name of Water System:</b>	Enter the name and address of the water system.
<b>Date:</b>	Indicates the day of the month.
<b>Chlorine Residual:</b>	Enter the chlorine residual measured each day in the space provided. A chlorine residual should be measured each day the facility is in operation. Enter the word "Closed" if the facility is closed or no water is treated on that day.
<b>Lowest Residual:</b>	Enter the lowest chlorine residual measured during the month.
<b>Turbidity Results:</b>	Enter the results of the turbidity sample in the space corresponding to the date the sample was taken. A turbidity measurement is required once a month and must be analyzed by an approved laboratory.
<b>Number of Bacteriological Samples Taken:</b>	Enter the number of bacteriological samples in the space next to the corresponding date during which the sampling occurred.
<b>Pounds or Gallons of Chlorine Used:</b>	Enter the amount of chlorine added to the chlorination system in pounds or gallons in the space corresponding to the date it was added.
<b>Number of Filters Changed:</b>	Enter the number of filter cartridges changed or replaced in the space corresponding to the date performed. Refer to the manufacturer's specifications for information on the frequency of filter cartridge replacement.
<b>Certified Operator:</b>	Enter the printed name of the certified operator or person completing the form.
<b>Signature:</b>	Signature of the certified operator or person completing the form.
<b>Phone:</b>	Enter the phone number where the certified operator or person completing the form can be reached.
<b>Turbidity Laboratory:</b>	Enter the name of the turbidity laboratory that analyzed the turbidity sample.
<b>Laboratory ID:</b>	Enter the turbidity laboratory's identification number.
<b>Analyst Name:</b>	Enter the name of the person that analyzed the turbidity sample.